

EPA ID:
Name:
Address:

**KANSAS DEPARTMENT OF
HEALTH AND
ENVIRONMENT**
2005 Hazardous Waste Report



FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detail instructions on pages 15 to 21 of booklet before completing this form.

Sec.1		A. Waste Description					
B. EPA hazardous waste [][][][] [][][][] [][][][] [][][][] [][][][]				C. State hazardous waste code [][][][][][][][][][][][][][]			
D. Source code [G][][][] Management Method code for Source G25 [H][][][]		E. Form code [W][][][]	F. Quantity generated in 2005 [][][][][][][][][]. []			G. UOM [] Density [][]. [][] <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	
Sec. 2		Was any of this waste managed on site? (page 22) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. 3)					
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2			
On-Site Management Method code [H][][][]		Quantity treated, disposed, or recycled on site in 2005 [][][][][][][][][]. []		On-Site Management Method code [H][][][]		Quantity treated, disposed, or recycled on site in 2005 [][][][][][][][][]. []	
Sec. 3		A. Was any of this waste shipped off site in 2005 for treatment, disposal or recycling? (page 23) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility to which waste was shipped [][][] [][][] [][][][]	C. Off-site Management Method code Shipped to [H][][][]	D. Total quantity shipped in 2005 [][][][][][][][][]. []				
Site 2	B. EPA ID No. of facility to which waste was shipped [][][] [][][] [][][][]	C. Off-site Management Method code Shipped to [H][][][]	D. Total quantity shipped in 2005 [][][][][][][][][]. []				
Site 3	B. EPA ID No. of facility to which waste was shipped [][][][][][][][][]	C. Off-site Management Method code Shipped to [H][][][]	D. Total quantity shipped in 2005 [][][][][][][][][]. []				

Comments: